

Organizational Development & Practice Improvement
Quality Improvement Administration

Quality Service Review

Fall 2006



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1. Introduction

The Quality Service Review (QSR) is a qualitative method of gathering data and providing feedback about individual child welfare cases and the system as a whole. The Child and Family Services Agency (CFSA) began using this tool in October 2003, in partnership with the Center for the Study of Social Policy (CSSP), to supplement quantitative data we were already assessing. The QSR examines case practice, systems, and outcomes for individual children and families to identify strengths and areas that need improvement. Together, quantitative and qualitative data provide a deeper understanding of family dynamics and needs and of service delivery system performance. While the QSR does not include a large enough sample to generalize findings to the entire population of children in the District's child welfare system, it does provide a snapshot of what is working and not working for children in the sample.

Quality Services Reviews are a critical component of CFSA's continuous quality improvement (CQI) approach to sustaining best practices and a high performing service delivery system. CFSA purposefully aligned tenets of the agency-wide Practice Model, which outlines values, guiding principles, and practice protocols, with QSR indicators. Following a series of QSRs, we have come to value this as an ideal method of evaluating case practice, especially as CFSA continues to improve its methods of achieving safety, permanence, and well-being for the children we serve.

QSRs we conducted in 2005 had a broad focus while those in 2006 were more specific. In order to further assess in-depth findings from the Fall 2005 QSR the Spring 2006 QSR focused on in-home cases. The Fall 2006 QSR addressed the adolescent population in response to concerns about improving services to the growing number of older youth in the child welfare system. CFSA established the Office of Youth Development (OYD) in 2004 to tailor services to youth with the goal of Alternative Planned Permanent Living Arrangement (APPLA). In 2005, CFSA issued a white paper *Revamping Youth Services: Preparing Young People in Foster Care for Independence*, which described goals and strategies for working with teens. A study of multiple placements in 2006 revealed that teen girls are the most likely to have frequent placement changes. This QSR allows us to evaluate practices with teens in light of efforts to date and concerns about serving this population effectively.

This report presents findings from the Fall 2006 QSR that focused specifically on 25 teen cases. Table 1 summarizes major themes from the findings.

**Table 1:
Summary of Major Themes from Fall 2006 QSR**

Areas of Strength	Areas in Need of Improvement
<ul style="list-style-type: none"> • Caregivers were providing more than adequate care for youth. • Families had positive involvement with Collaborative agencies. • Many youth were receiving, or planned to receive, higher education and/or were employed. • Youth were aware of independent living skills and services available through the Center of Keys for Life. • Youth were actively maintaining contact with family members, including fathers and siblings. • Family Team Meetings were addressing placement needs. 	<ul style="list-style-type: none"> • Permanency planning: <ul style="list-style-type: none"> ○ Focus was on stabilizing youth in care versus actively exploring permanent options other than independence from foster care. ○ Kinship resources initially unavailable to the youth as children were rarely reevaluated after the youth had spent several years in care. ○ Planning concurrently for a variety of permanent options was not occurring. ○ Caregiver reluctance to forgo financial and other assistance available only to youth in foster care was a barrier to more frequent adoption or legal guardianship. • Many youth in need of mental health services found the limited menu of traditional treatment methods unattractive. • Case transfers were often unplanned; conducted inconsistently; and characterized by lack of communication among team members, including the youth and family. • Youth were sometimes not actively participating in case and service planning. • Not all youth received life skills training to prepare for independence.

2. Methodology

Overview of Approach

Lead reviewers and partners gathered information about child status, parent/caregiver status, and system performance status through 173 interviews with the target youth, family members, service providers, CFSA and private agency social workers and supervisors, legal representatives, and informal supporters involved in 25 cases. Most review teams had access to FACES and to case records for background information, which allowed them to assess how social workers used written assessments and evaluative information in case planning and decisionmaking. In three cases where case records were unavailable, the review teams used FACES to gather background information. Trained reviewers from CFSA, the Center for the Study of Social Policy (CSSP), Consortium for Child Welfare, D.C. Department of Mental Health, and experienced QSR consultants conducted the interviews and case record reviews and then shared feedback about case practice with the social worker and supervisor for each case.

QSR specialists and CSSP staff also conducted focus groups with CFSA and private agency social workers, teens, judges, and Collaborative staff that provided further insights into the needs of older youth involved in the child welfare system.

Although review teams presented preliminary findings to staff in December 2006, and gave social workers and supervisors copies of their case stories, this report is the primary vehicle for disseminating final results of the Fall 2006 QSR. Interview questions, case stories, focus group themes, and identification of reviewers for each case appear in the appendices.

Sample and Case Universe

For our sample, we selected 80 cases from the total population of 924 adolescents between the ages of 15 and 20, with the intent of obtaining authorization for a random selection of 25 cases. We did not stratify the sample according to youth' goals. Youth whose cases fell in the sample had goals of reunification, guardianship, or APPLA. Any youth over age 18 could sign his/her own authorization; youth under age 18 had to have authorization from a legal guardian before we reviewed the case. Of the 25 cases we initially selected, we did not obtain authorization for seven youth. We could not obtain authorization for three youth under age 18 because we were unable to contact their biological parents. In two of these cases, we substituted older siblings who consented to participate in the QSR. One youth we initially selected had been in abscondance for over two months at the time of the review, so the case did not have any current activity. In another case, the social worker was on extended leave for over a month, and we were unable to obtain an authorization. Also, two older youth did not respond to requests to participate in the review. To substitute these cases, we reviewed the next five youth whose names appeared on the

original sample list of 80 cases. Table 2 lists key characteristics of cases we reviewed for the Fall 2006 QSR.

Table 2: Characteristics of QSR Sample Cases			
Case Management Responsibility	CFSA:	15 (60%)	
	Private provider:	10 (40%)	
Length of Time Case Open	0-2 years:	11 (44%)	
	2+ years:	14 (56%)	
Placement Setting	Foster Home:	11 (44%)	
	Group Home:	6 (24%)	
	Independent Living Program:	3 (12%)	
	Kinship Foster Care:	2 (08%)	
	Residential Treatment Facility:	1 (04%)	
	Inpatient Substance Abuse Treatment:	1 (04%)	
	Protective Supervision:	1 (04%)	
Goal	APPLA:	19 (76%)	
	Reunification:	5 (20%)	
	Guardianship:	1 (04%)	
Age/Gender	Age	Male	Female
	15-16 years (20%)	2 (08%)	3 (12%)
	17-18 years (40%)	4 (16%)	6 (24%)
	19-20 years (40%)	4 (16%)	6 (24%)

QSR Protocol

In the fall of 2004, national experts from Human Systems and Outcomes, Inc. facilitated meetings to tailor a QSR protocol specifically for the District's child welfare system. Representatives from all areas of CFSA, the Healthy Families/Thriving Communities Collaboratives, Consortium for Child Welfare, Foster and Adoptive Parent Advocacy Center (FAPAC), and DC Kids (Children's National Medical Center) participated in the development process. For the Fall 2006 QSR, we refined the original protocol by adding indicators to focus on teens.

Protocol Structure

The QSR protocol has three sections: **Youth Status**, **Parent/Caregiver Status**, and **System Status**. For Youth Status, reviewers examined the situation of the child within the past 30 days for the first eight indicators and progress over the past six months for the last three indicators shown in Table 3.

Table 3: Youth Status Indicators	
• Safety	• Responsible behavior
• Stability	• Satisfaction
• Permanence	• Life skills development
• Health/physical well being	• Risk reduction
• Emotional/behavioral well being	• Transition progress
• Academic status	

Table 4 lists the three indicators of Parent/Caregiver Status. Several youth we reviewed were in foster homes, congregate care, or independent living programs. In those cases, we rated the foster parent or program staff as the caregiver.

**Table 4:
Parent/Caregiver Status Indicators**

- Physical support of the youth
- Emotional support of the youth
- Participation in decisions
- Progress toward safe case closure

Table 5 lists indicators of System Status, which assess overall child welfare system performance based on a specific practice framework. This framework is the basis for CFSA's Practice Model.

Table 5: System Status Indicators

- | | |
|----------------------------------|---------------------------------------|
| • Youth and family engagement | • Tracking and adjustment |
| • Coordination and leadership | • Pathway to safe case closure |
| • Team formation and functioning | • Maintaining family connections |
| • Assessment and understanding | • Family Court interface |
| • Case planning process | • Medication management |
| • Implementation | • Informal family support/connections |

Collectively, these three sets of indicators allow us to thoroughly assess our child welfare system to discover where we are succeeding and where we face challenges in working with youth, parents, caregivers, and other service providers.

Protocol Scoring

Reviewers score indicators based on a six-point scale. Table 6 presents the "QSR Interpretive Guide for Child Status" as an example. The scale runs from **1—adverse** status—to **6—optimal** status. After scoring, the protocol provides two options for viewing findings:

- By **zones—Improvement, Refinement, or Maintenance**
- Or by **status—Acceptable or Unacceptable.**

We used zones as the basis for analyzing data from the Fall 2006 QSR. In the following sections of this report, colors in bar charts refer to the zones in Table 6: green for **maintenance** (favorable), yellow for **refinement** (marginal/unstable), and red for **improvement** (problematic/risky).

Limitations

We were unable to review all 25 of the initially randomly selected cases for reasons previously described, and therefore substituted seven cases. This decision may have affected characteristics of youth in the sample, as those we reviewed had to agree themselves or have parents involved enough to sign the authorization. This meant we could not review cases of youth in abscondance or whose legal guardians we could not contact.

The QSR is a qualitative tool, and our review sample was small, making it impossible to generalize findings. However, findings do offer insights into ways to improve practice. We focused more on information in the case stories than on quantitative data to identify strengths and challenges of older youth in foster care.

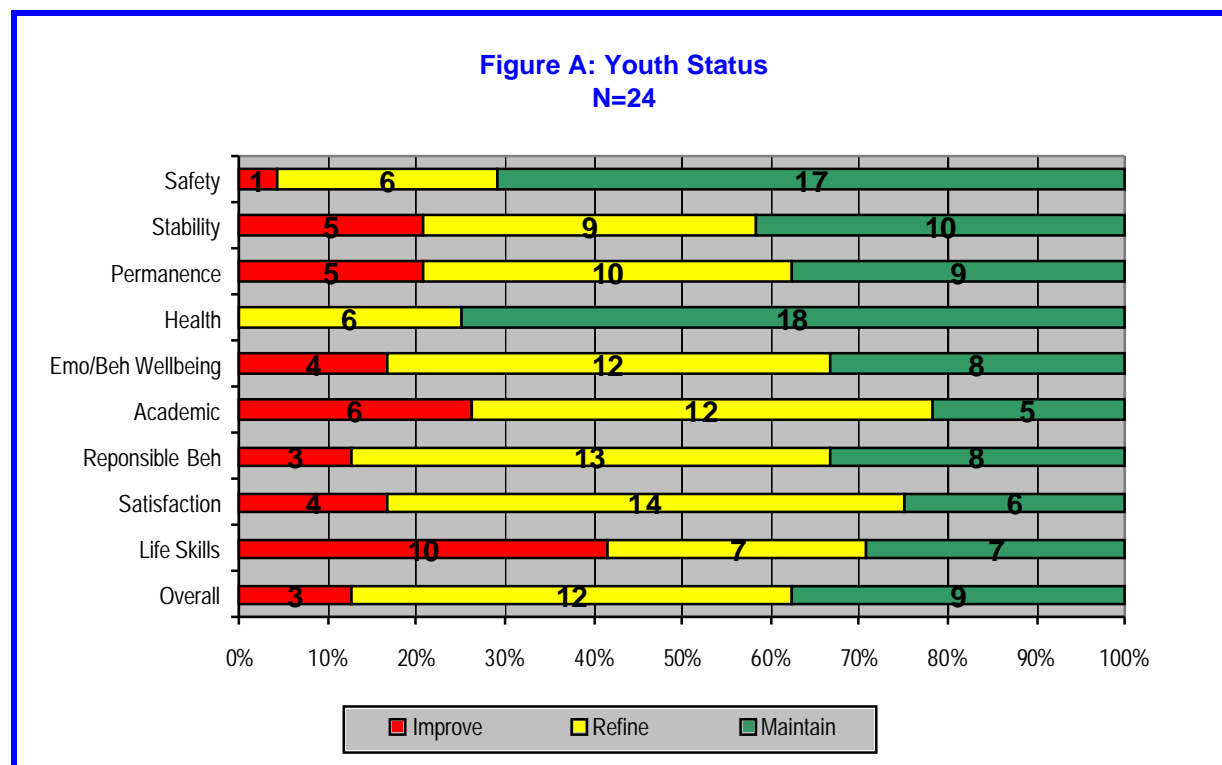
Table 6: Example of QSR Scoring Protocol		
QSR Interpretive Guide for Child Status		
Zones	Scoring	Status
MAINTENANCE Status is favorable. Maintain and build on a positive situation.	6 = OPTIMAL Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met.	ACCEPTABLE
	5 = GOOD Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is "looking good" and likely to continue.	
REFINEMENT Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 = FAIR Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but may be short term due to changes in circumstances, requiring adjustments soon.	UNACCEPTABLE
	3 = MARGINAL Status is marginal/mixed, not quite sufficient to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.	
IMPROVEMENT Status is problematic or risky. Act immediately to improve situation.	2 = POOR Status has been and continues to be poor and unacceptable. Child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate.	UNACCEPTABLE
	1 = ADVERSE Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

3. Summary of QSR Results

Youth Status

An essential part of the Quality Service Review (QSR) was assessing current youth status. Reviewers focused on key indicators such as safety, stability, health, emotional and behavioral well being, and academic status to assess each youth's progress during a 30-day period. To address the unique needs of older youth in the child welfare system, QSR specialists added additional indicators to the Fall 2006 QSR for responsible behavior, satisfaction with services, and life skills development.

As Figure A shows, reviewers rated a considerable portion of youth in the refinement zone on the majority of indicators.¹ While many youth in our sample were faring well in areas essential to successful transition from foster care to independence, many were still struggling to achieve success in these areas.



¹ Although the sample size was 25, reviewers were unable to interview one target youth, resulting in inability to rate that youth's status.

Safety²

■	04% I
■	25% R
■	71% M

Youth in our sample resided in placement settings that presented little to no safety risk to themselves or others. In case #10, reviewers reported the youth was “*safe in her placement, school and in the community and presents no threat of danger to herself or others.*” In case #23, the youth was described as having “*optimal safety at home and school.*”

Reviewers rated only one case in the improvement zone for safety. The youth’s placement setting did not pose a risk, but this youth frequently absconded, which made her safety questionable. A total of six youth reported absconding from a placement in the past year. Of these six youth, none had absconded during the review period. It is important for social workers and other team members to explore why youth abscond, to identify the places to which they typically run, and to implement strategies to assist them in choosing less risky behavior to meet their needs.

Stability

■	20% I
■	38% R
■	42% M

The stability indicator measured how many placements youth had in the past two years as well as the likelihood they would move again in the next six months. Youth in our sample had been in their current placements from as few as five days to as many as 14 years. Fourteen youth had been in their current placements for more than a year. Most of those were not anticipating moving in the near future. Five youth were still in their original placements, two of them for 14 years. In case #13, the reviewer reported the youth “*has remained in her current foster home for the past three years and she has a wonderful rapport with her foster mother and the other children in the home.*” In case #4, “*The youth is in a safe and stable home with several of her siblings and her grandmother.*” Youth in congregate care settings were stable as well. For example, in case #25, the youth had remained in one group home since entering the foster care system.

The 14 youth (58%) in the refinement and improvement zones for stability had experienced multiple placements and had a high probability of imminent placement disruptions. One youth had experienced four placements in three months and was preparing for another move after completion of a six-month substance abuse treatment program (Case #3). Another youth had been in a placement for four months that was originally intended to be only temporary (Case #12). Reviewers reported this youth had not bonded with the current foster parents and would be transitioning to a new placement. Team members were not working with this youth to prepare her for this transition. Failure to adequately prepare a youth for a placement transition could lead to another placement disruption.

In some instances, however, team members were preparing for impending placement changes by discussing the transition with the youth. In case #1, CFSA held a Family Team Meeting (FTM) before the placement change. In another case, a youth was transitioning from an out-of-state residential treatment center, and CFSA held two FTMs before moving the youth back to the District (Case #16). Family Team Meetings can be valuable in preventing placement disruptions,

² Mini information boxes in this section present selected data items from Figure A as percentages. I=Improvement zone, R = Refinement zone, M = Maintenance zone.

engaging a youth in planning for his/her case, and helping to identify possible placement resources if a change is the best option. Family Team Meetings are also useful in preparing youth and new placement providers for a planned placement change.

Permanency Prospects

n 22% I	This indicator addressed whether a youth was in a placement reviewers and team members believed could endure until case closure as well as how soon the case was likely to close. Although several youth had stable placements, these homes were not often permanent options for them. Many placement providers reported youth were interested in continuing in their care and were not pursuing permanence through adoption or guardianship. In case #15, <i>"[A]doption has not been achieved despite the clear love and commitment to each other evidenced by the youth and her foster mother."</i> Further, in case #2, <i>"The youth is in a home where she will remain until she can live independently on her own..."</i> , but the foster mother was not interested in adoption.
n 40% R	
n 38% M	

Health

n 0% I	Youth in the sample were generally healthy and had no pressing medical needs. Reviewers did not rate any youth in the improvement zone for this indicator. Youth were attending medical, dental, and vision appointments when scheduled. Several even took the initiative to schedule their own appointments without assistance of their social workers. Three youth were pregnant. Each reported receiving appropriate prenatal care. Further, a youth who contracted a sexually transmitted disease in the past reported receiving proper medical treatment for the condition.
n 25% R	
n 75% M	

Emotional and Behavioral Well Being

n 17% I	Youth in the maintenance zone appeared to have formed adequate bonds with their caregivers and had positive social interactions with their peers. Reviewers rated 67% of youth in the refinement/improvement zones on this indicator. Those in the improvement zone had unaddressed mental health needs or limited family connections and informal supports. In case #8, <i>"The youth has few friends and tends to isolate himself from others."</i>
n 50% R	
n 33% M	

Some youth had identified mental health diagnoses or displayed symptoms of a mental health disorder. In case #4, *"The youth reported there are times when she cannot get out of bed and has crying bouts. Various professionals interviewed shared that she has a consistently flat affect and is withdrawn and socially isolated."* In case #1, *"The youth had a psychological evaluation that indicated she suffers from depression. She has begun forming a relationship with her therapist, although they reportedly have not begun talking about the youth's issues with grief and loss The youth is clearly depressed, and the team is concerned she is at risk for post-partum depression."*

Social workers offered services such as mentoring, individual therapy, and medication management to youth, but a few resisted participating in these services. One, however, was his

own advocate for therapy to address past issues (Case #6). In this case, all team members supported the youth's request, and the social worker submitted a referral for therapy.

Academic and Learning Status

29% I	Fully 79% of youth rated in the refinement/improvement zones on this indicator.
50% R	Six youth had graduated from high school, and four (one of whom had obtained a
21% M	GED) were attending college. Four youth were employed, and five were attending

school with no major issues. In case #20, the youth *"attends school regularly and is expected to graduate in June 2007...She has maintained part-time employment at a restaurant since February 2006."* Five youth were attending school but were behind academically.

Truancy was an issue for four youth. In case #11, *"The target youth has been known to the D.C. Superior Court under the Persons in Need of Supervision (PINS) Program since 2003, because she refused to attend school. She has not attended school in over two years. She has a probation officer in regards to her truancy and missed curfews."* Also, in case #1, *"The youth is not attending school. She failed the 8th grade because of truancy issues and did not attend summer school, although she was enrolled. She is enrolled in the local school near the ILP, but has not attended more than a few days."* In case #12, a 10th grader's truancy issues and educational needs were not being sufficiently addressed. Reviewers reported *"a lack of communication between the school and CFSA."*

Responsible Behavior

13% I	Reviewers rated three youth in the improvement zone for this indicator and 13 in
54% R	the refinement zone, for a total of 67%. Two youth had a history of substance use,
33% M	and two were reportedly sexually promiscuous. Three youth in the sample were

pregnant, one with her second child. Two youth were reported to have been in physical altercations at school. Five had either been arrested or charged with a criminal offense. These charges included assault, robbery, and drug distribution. One youth was facing an adult criminal charge, and two were on probation at the time of the review.

Although a few youth exhibited irresponsible behavior, many had made great strides and were maturing appropriately. For example, in case #9, the youth had *"made considerable improvement since receiving services. She has matured into a very responsible young woman. The youth has shown remarkable progress with reference to her concentration on her school goals and her maturity towards helping her aunt with the supervision of her younger siblings."*

Satisfaction with Services

17% I	Most youth (58%) reported moderate satisfaction with services they were
58% R	receiving. In case #8, the youth <i>"is generally satisfied with his current living</i>
25% M	<i>arrangement; however, he has complaints that are seen as appropriate for his</i>

developmental level (he wants more freedom and is mostly interested in video games and music)."

The following two examples are cases in the maintenance and refinement zones, respectively. In case #15, the youth had many positive things to say: *“She indicates a high degree of satisfaction with services she is currently receiving, describing her social worker as ‘awesome, someone who really cares’ and is very appreciative of the Center of Keys for Life, which helped her identify and obtain financial aid for college.”*

Case #12 involved a youth who was quite dissatisfied with her experience in the child welfare system: *“This youth is substantially dissatisfied with the current supports and services she receives. She perceives her social worker as undependable. She is greatly and increasingly disappointed with her current situation and the lack of progress. She has a strong desire to pursue a career in cosmetology and appears excited when talking about her skills in doing hair; however, no one except the school case manager has acknowledged this.”*

Life Skills Development

I 42%	For the life skills development indicator, reviewers rated more youth in the improvement zone (42%) than any other youth status indicator, which is alarming since developing appropriate life skills is critical. These skills will aid in the transition to independence by teaching youth to function successfully as adults. Each youth who transitions out of the child welfare system through reunification, adoption, guardianship, or emancipation should be able to perform basic skills, such as budgeting, completing household chores, and using public transportation. Some youth, due to cognitive delays or physical disabilities, may require assistance in completing these functions. Team members must make appropriate referrals to ensure youth receive necessary services before leaving foster care.
R 29%	
M 29%	

In case #8: *“Due to his developmental delays there are limitations to his capabilities in developing the life skills necessary for fully independent living The youth has not been adequately linked with services that will provide him with the support and supervision to succeed independently.”* For one youth rated in the improvement zone, *“The target youth’s goal is independent living, however, he is not currently involved in any activities that are preparing him to achieve this goal. The youth is not employed. He does not perform daily chores or errands within the household to provide him with the skills necessary for independence”* (Case #21).

Seven youth rated in the maintenance zone for this indicator. In one case, the group home and the youth’s mentor were teaching the youth life skills, and the youth appeared open to acquiring new skills (Case #18).

Social workers had referred the three 20-year-olds in our sample to a Healthy Families/Thriving Communities Collaborative for aftercare services, and all these youth were participating regularly in Youth Transition Planning (YTP) conferences, in accordance with agency policy. In case #9, *“The social worker has transitioned this case to the local Collaborative for case management services throughout the emancipation process, which began on the youth’s 20th birthday.”*

Parent/Caregiver Status

Reviewers rated the status of parents and caregivers on four indicators: physical support of the youth, emotional support, participation and engagement, and progress to safe case closure. In addition to rating the caregivers, reviewers also gathered information on potential permanency placements, including three parents, a grandmother, and an aunt and uncle. In one case the parent was the caregiver, as the youth was residing at home; however, reviewers were unable to interview or rate this parent. In four cases, reviewers scored both a parent and caregiver and in another case, a youth's guardian and caregiver.

Parents

■	50% I
■	25% R
■	25% M

Overall status of the four parents was: one in the maintenance zone, one in the refinement zone, and two in the improvement zone. Parents who reviewers rated in the improvement zone failed to regularly participate in activities or services essential to reuniting with their children. In case #2, the mother *“has been minimally compliant with CFSA worker in keeping appointments, bringing in documents and signing for forensic evaluations.”* While in case #11, the mother was compliant with services but was not maintaining negative drug test results. *“The mother admits to using PCP and marijuana occasionally. She complies with pre-trial testing weekly through the D.C. Superior Court for PCP and marijuana, and sometimes she tests positive.”*

The parent in the refinement zone was appropriately engaged in services, but the quality of her relationship with her daughter presented a barrier to reunification. *“Positive aspects in this case are that the mother previously completed court-ordered parenting classes and that she has recently agreed to engage in therapy” (Case 18).* Although this mother is making efforts to address issues that contributed to removal of her daughter, the relationship between them remains poor. *“She seems to lack the ability to understand her daughter’s needs and how her daughter reacts to her rigid parenting style.”* Unless addressed, this lack of understanding will remain a barrier to achievement of the youth’s case plan goals.

The case in the maintenance zone indicated significant progress on the parent’s behalf to achieve a positive outcome and to reach the desired goal. In case #23, the maternal grandmother was the legal custodian and was rated as the parent. *“She is the target youth’s main advocate and is the driving force in this case. She provides quality emotional support and has optimal participation and engagement in this case.”*

The goal for each case is that parents provide for their children’s needs, sustain positive relationships with the youth and service providers, participate in case planning, and make changes that will allow them to reunite with their children.

Caregivers

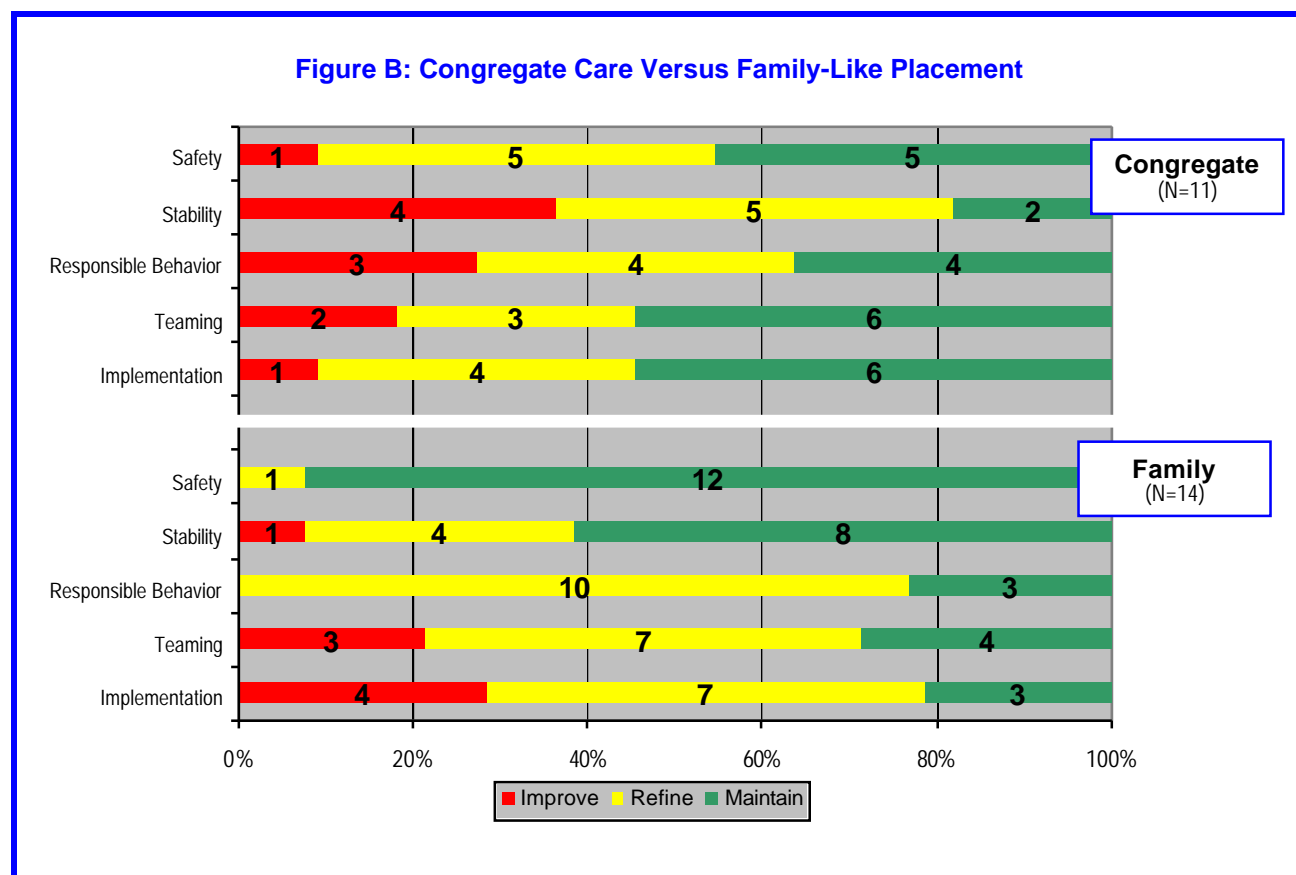
■	04% I
■	32% R
■	64% M

A caregiver is defined as an individual other than the parent who is responsible for the youth’s care. A total of 13 youth lived in foster homes, 11 in congregate care, and one in a kinship home. Reviewers rated caregivers on the same three

indicators as parents. Sixteen were in the maintenance zone, eight were in the refinement zone, and only one was in the improvement zone. It was apparent from the review that caregivers were providing for the health, safety, and welfare of youth in their care.

For example, in case #14, *“The therapeutic group home is both physically and emotionally supportive of the youth. The group home is participating in the youth’s care by meeting with him regularly on how things are going in his life, conducting various activities, like menu selection and budgeting, to prepare him for independent living, and having on-going communications with the school officials and with his CFSA social worker.”* In case #17, the foster mother had done *“a wonderful job providing the youth with the support and love that she needs to grow into a productive, responsible adult. She has been instrumental in providing the proper balance of support and life skills to help the youth become the person she is today.”* The youth reported that her foster mother *“cares about me”* and described her as *“bending over backwards to keep a smile on my face.”*

Congregate Care versus Family-Like Settings
























We conducted an in-depth analysis to compare family-like and congregate care placements on various youth and system status indicators. For purposes of this analysis, we defined “family-like” as a foster, kinship, or biological home. We defined “congregate care” as a group home, Independent Living Program (ILP), emergency shelter, residential treatment center (RTC), or

substance abuse treatment facility. This analysis considers overall progress of youth in each setting to determine the extent to which service providers were meeting their needs. Differences emerged for various indicators in the comparison between the two types of care (Figure B).³

Youth Status Indicators⁴: Reviewers rated family-like settings higher than congregate care settings on the youth status indicators of safety, stability, and responsible behavior. The following examples illustrate the safety findings.

In case # 23, the youth had a mental health diagnosis that undermined his safety. The foster father appeared instrumental in ensuring this youth remained safe and behaved responsibly. *“He establishes safety guidelines.”* Furthermore, the foster father was involved in every aspect of the youth’s case. *“He too, provides quality emotional support and has optimal participation in this case.”* As a result, the youth *“has optimal safety at home and school, and his foster father and grandmother have reduced his risky behaviors.”* Moreover, *“Since his February 2006 placement in his current foster home, the target youth is managing his aggressive behaviors most of the time.”*

	Congregate (n=11)		Family (n=14)	
Safety		09%		0
		45%		08%
		45%		92%
Stability		36%		08%
		45%		31%
		18%		62%
Responsible Behavior		27%		0
		36%		77%
		36%		23%
 Improvement  Refinement  Maintenance				

The youth in case #16 showed improvements in safety and responsible behavior after he moved from an ILP to a foster home. *“At age 18, the youth was stepped down from his RTC to an independent living program (ILP) where he picked up a charge of drug dealing, which was later dismissed.”* However, *“The youth is now in a safe environment with a deeply committed single foster father who has experience caring for older male youth. The youth had been very unhappy in his previous placements and had repeatedly attempted to run away; however, he is very satisfied with the current placement.”* While reviewers could not be sure how the type of care influenced the youth’s safety and responsibility, the youth seemed to respond positively to the individual attention he received from a foster parent.

Finally, in case #1, CFSA placed a 15-year-old youth temporarily in an independent living program for which she was too young. All parties involved with the case, including the congregate care provider, knew this was an inappropriate placement for this youth, as the program was not structured to give her the supervision she needed. *“The team is in agreement that the best placement for the youth is a foster home. She is too young and immature for an independent living program, and she would benefit from a family setting.”* The youth’s behavior caused concern not only for her safety but also for that of other residents at the ILP. *“There was an incident at the ILP while the case was being reviewed in which two young men who were with the youth outside the ILP burst into the apartment where the youth’s roommates and their young children were sleeping, and the police had to be called.”*
















³ Information boxes in this section itemize data from Figure B as percentages.

⁴ The sample size was 14. In one case, reviewers were unable to interview the youth, resulting in the inability to rate the youth’s status while living with her biological mother.

Reviewers sometimes attributed stability of a youth to foster parents who remained steadfast in creating a stable environment. In case #13, the youth at school *“tends to have explosive behaviors at times where she is verbally disrespectful, curses, and becomes agitated, thereby making it difficult to provide redirection.”* Despite the youth’s behavioral issues, she remained stable in her foster home with the support of her foster mother. *“The target youth resides in a foster home where she has lived with her foster parents and two adopted children for the past three years. She is safe and has a sense of stability in her home environment and receives a tremendous amount of love and support from her foster family.”*

Findings revealed that the youth in our sample were more stable in family-like settings than in congregate care. In case #15, *“A church member who knew the mother and children stepped forward to become their foster mother, which she remains to this day, more than 14 years later.”* Similarly in case #19, *“The youth has gone through multiple placements, but for the past three years, she has maintained a stable placement with her current foster parent.”* Conversely, reviewers noted less stability in congregate care settings, as in case #2: *“Currently the target youth is living in a group home setting. He had been transferred to this placement after several temporary placements. Though he states he is happy in this setting, he is about to be moved again.”* Other systemic factors contributed to instability in congregate care, such as inappropriate and emergency placement.

System Status Indicators: Congregate care received higher ratings than family settings on system status indicators of teaming and implementation. Reviewers concluded that the various congregate providers were working jointly with CFSA to address the needs of youth in their care. Participation of congregate care staff in teaming seemed to facilitate timely implementation of services for the youth.

	Congregate		Family	
Teaming		18%		21%
		27%		50%
		55%		29%
Implementation		09%		29%
		36%		50%
		55%		21%
 Improvement  Refinement  Maintenance				

In case #8, *“The case manager from the RTC ensures that all services for the youth are coordinated and takes on the role of the team leader.”* Similarly, in case #1, the existence of teaming was clear. *“The social worker, supervisor, GAL, group home case manger and community support worker communicate frequently.”* This team demonstrated not only that its members communicate but also that they are action-oriented in the implementation process. During this review, an incident occurred at the facility involving the target youth, and reviewers noted that, *“Not only did they [the team] talk with each other, but they also enacted a plan that they immediately began to carry out.”* It is through teamwork and timely implementation that congregate care providers were achieving positive outcomes for the youth in their care, as demonstrated in case #9. *“The things that are working are exceptional case management services, early intervention, and excellent engagement by all of the service providers.”* Moreover, *“Since receiving services and case management her anti-social behaviors have been extinguished.”*

Reviewers noted that a contributing factor to the low rating of family-like settings in regard to teaming and implementation was system failure to include foster parents in case planning. They also found issues around information sharing and communicating effectively to ensure that youth

received all necessary services. As illustrated in case #24, the foster parent's ability to help the youth was limited due to lack of information. *"The caregiver states that he has only met the case worker on this case one time, and he has not been a part of any team meeting regarding the youth. He does not know about the youth's history or case goals. He would love to have more information about the youth in order to help him more."*

Lower system status ratings for family settings could be a reflection of how some foster parents perceive their role and relationship with CFSA. In case #21, *"It appears the foster parent does not often share important information with the social worker, and the information is obtained through the foster parent's sister. According to the social worker, the foster parent does not care for the 'system' and does not promote some of the services that it provides."* The foster mother reported to reviewers that she did not consider herself a part of the team and did not feel involved in shared decisionmaking, which caused her to be a barrier to implementation of services the rest of the team agreed were important.

System Status

A major component of the QSR approach is evaluating the child welfare system and practice performance. This evaluation provides data about how cases in the sample were *actually* performing, leading to meaningful insights about overall strengths, challenges, and needs. The Fall 2006 QSR focused on evaluating current services to youth in care to address their unique needs and to ensure achieving permanence was a fundamental element of case planning.

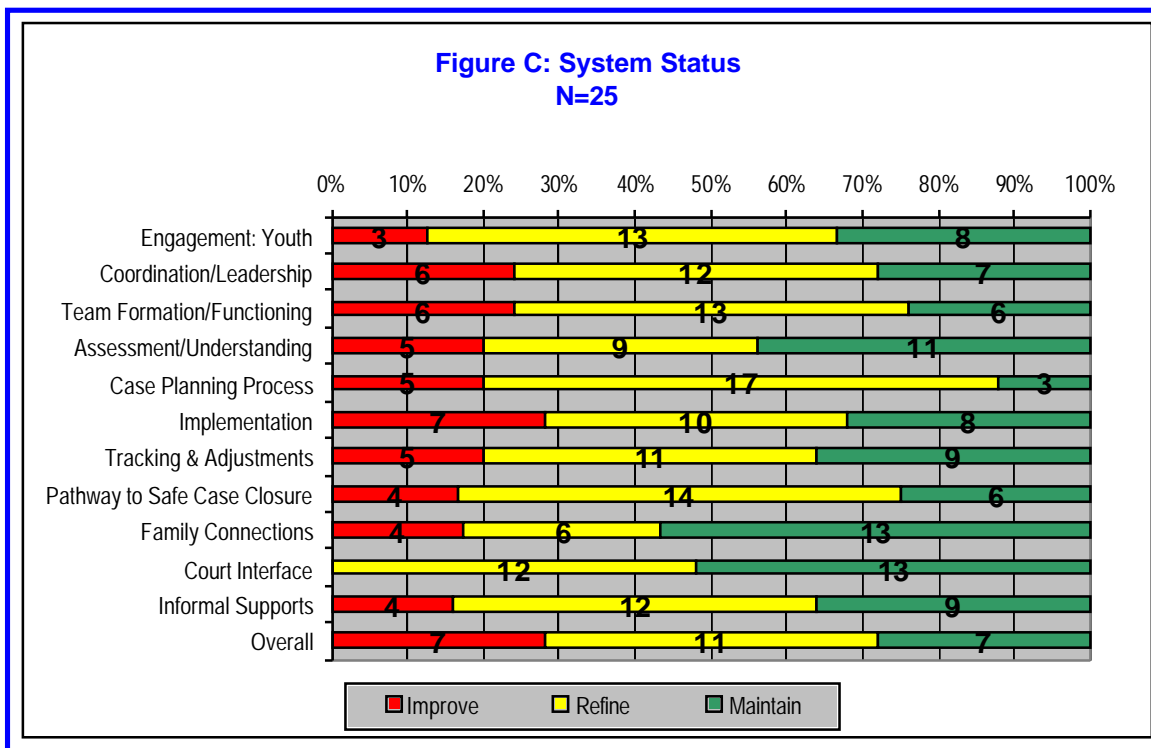
Reviewers examined several case practice areas, chiefly social worker ability to engage the youth and family, lead and coordinate the service team, develop and execute service plans, and facilitate and coordinate family visits. These case practices are essential to achieving positive outcomes for youth in care.

Key indicators of effective system performance include evidence that social workers are:

- Creating and leading effective teams that include youth and their biological and foster families or other caregivers.
- Connecting youth to informal support systems of extended family members, friends, and community resources.
- Assessing each youth's individual strengths and needs, developing comprehensive case plans that build on strengths and meet needs, and making appropriate adjustments in service strategies as needed.
- Assisting youth in building the capacities to live safely and independently.
- Helping to build a safety net and stable family infrastructure as the pathway to permanence.

CFSA's Practice Model incorporates many QSR system performance indicators. Because system indicators overlap, we analyze their ratings collectively to evaluate the extent to which case management is addressing a youth's underlying needs and leading him/her to permanence and

safe case closure. In the Fall 2006 QSR, we rated 11 cases in the refinement zone for overall system performance, with the remaining 14 split evenly between the maintenance and improvement zones (Figure C). While social workers and service providers were doing quality work, the system needs to continue to make performance progress in several areas of practice.



Engagement⁵

I	13%
R	54%
M	33%

Engaging youth is the first step toward successful case planning and ultimately case closure. Establishing relationships and building trust with adolescents is the beginning of empowering them to participate in making decisions about their lives.

In a little over one-third of the cases reviewed, social workers had established bonds with the youth and their families, leading to trusting relationships. For example, *“The CFSA social worker has done an exceptional job of engaging and establishing a bond that demonstrated to the client that she was not just a statistic but a person whom she cared about”* (Case #9).

Reviewers rated just over half the cases (54%) in the refinement zone for engagement, meaning that although social workers were making efforts to engage youth, they need more effective strategies. Reviewers noted in some cases that although social workers were effectively engaging youth, they were not including them in case planning, and the youth were not actively engaged in services. For example, *“[the youth] and her newly assigned social worker have developed a good working relationship. The youth speaks of her social worker respecting and listening to*

⁵ Mini information boxes in this section present selected data items from Figure C as percentages. I=Improvement zone, R = Refinement zone, M = Maintenance zone.

her, traits that she highly values. [However] she feels that members of her service team often do not respect her opinions. The target youth wants and is entitled to have a voice in her case planning” (Case #10). In case #19, although reviewers described the social worker and youth as having good rapport and regular contact, that connection was not having the expected result: “While the youth’s team has been actively planning for her imminent transition out of foster care, and has offered services to assist in her transition, the youth has refused these services. She does not participate in therapy, vocational or educational training, or any other service.”

We know social workers are meeting with and are making efforts to engage youth. The next step is developing productive working relationships in which youth actively participate in service planning and are wholly engaged in services.

Coordination/Leadership and Team Formation/Functioning

24% I	Formation of high-functioning teams with youth, their families, and other service providers is a vital component of quality service. Developing and maintaining a consistent team of service providers, youth, and biological and foster families enhances case planning, assessment, implementation of appropriate services, and progress towards permanence and case closure. Having a clear team leader allows coordinated communication among all parties, information sharing, and an opportunity to develop consensus on case plans and services.
48% R	
28% M	

Reviewers rated 28% of cases in the maintenance zone for both coordination/leadership and team formation/functioning. In one of these cases (Case #13), the reviewers described the system as functioning well where the social worker was identified as the team leader: “Everyone acknowledges that the social worker is the point person in the case. All parties spoke very highly of the social worker and of what a good job she has been doing to ensure that the target youth receives the services needed and maintains her stability.”

However, reviewers rated 72% of cases in the refinement or improvement zones. Results of the review noted lack of collaboration, unity, and focus of the service team in some of these cases. As in case #20, “Although the team is aware of the case details, they seem to only communicate at permanency and status court hearings. Team members have also reported that they are not sure what is working in the case.” Reviewers identified some cases in which the case manager and service providers individually appeared to have in-depth understanding of the history and needs of the youth but did not effectively collaborate in planning, monitoring, implementing, and decisionmaking as a whole, resulting in disjointed, fragmented, and lapsed service provision. “It was reported that the professionals have not met as a team and instead rely on informally exchanging information. The lack of teaming and case coordination appear to contribute to the duplication of efforts toward the same goals rather than development of a comprehensive plan where the roles of each team member are clearly understood by the entire team and where the goals being addressed by the team are in concert with each goal outlined in the case plan” (Case #4).

Assessment and Understanding

I 20%	Assessment involves looking at the underlying causes of issues rather than just observable symptoms. It is important for social workers and service providers to be knowledgeable about a youth's case history and family functioning. To make sound service referrals, teams should have insight not only into the needs of youth and their families but also into their strengths.
R 36%	
M 44%	

Reviewers rated 44% of cases in the maintenance zone. They noted that social workers and other service providers/team members had a comprehensive understanding of youth and family needs. The following comments are clear examples. *"All of the professionals appear to have an in-depth assessment and understanding of the youth's current and future needs"* (Case #18). *"All participants clearly understand the youth's transition plan and are making every effort to ensure that the youth's plan addresses short- and long-term goals, every possible service the youth could benefit from has been offered to her"* (Case #19).

Case Planning Process

I 20%	Youth and their families, as well as other team members, should be actively involved in case planning. The case plan, which is more than simply a written document, should include assessment-based, measurable outcomes that, when achieved, will lead to permanence and case closure. In the cases we reviewed, 88% needed refinement or improvement in case planning.
R 68%	
M 12%	

Inadequate case planning can easily derail efforts to provide necessary supportive services to teenagers in care while concurrently seeking permanent, stable homes for them. Reviewers found that although some social workers were effectively engaging youth and were responsive to both their strengths and challenges, a breakdown often occurred between identification of needs and implementation of services. As in case #11, *"It appears that the social worker does fully understand the magnitude of the mother and child's needs, but there is limited movement to address those needs."* Specifically, teams lacked concurrent and transitional planning. In case #13, *"Although the target youth's current placement thus far has been successful and stable; there has not been any discussion or long-term planning for this youth. Some discussion needs to occur formally with all involved parties regarding the target youth's future as it relates to becoming a parent, housing and education. In addition, the target youth's refusal to participate in therapy, tutoring and other services impedes her ability to move toward successful outcomes."*

Pathway to Safe Case Closure

I 25%	For this indicator, reviewers looked at cases where youth had a permanency goal of APPLA, reunification, or guardianship. (No youth in the sample had adoption as a goal.) Overall, 83% of cases rated in the refinement or improvement zones.
R 58%	
M 17%	

Reviewers rated the 19 cases with the goal of APPLA based on each youth's progress to safe transition out of care in regards to community resources, housing, employment, and education. Six cases rated in the maintenance zone, nine in the refinement, and three in the improvement zone. (Reviewers could not rate one case on this indicator because it had just been opened and

the goal had just been changed to APPLA.) Case #9 provides an example of a case moving successfully towards closure: *“She is living in her own apartment in Maryland....[S]he graduates in February 2007 from college as a dental assistant...[S]he will emancipate and transition out of the system with the help of the Collaborative that will assist her with case management and follow up.”* However, case #3 lacked any evidence of planning to support this youth’s safe transition out of care. *“She has exactly one year until she transitions to independence and little discussion about her transition has taken place. She does not have a high school diploma or GED, and has few vocational skills, limited informal supports and identified sources of income. Additionally, there are unaddressed mental health issues that are critical to her being able to function successfully as an adult.”*

For the six cases with a goal of reunification or guardianship, ratings depended on the level of evidence of a common understanding among all parties about criteria for safe case closure, achievability of case goals, and timeliness in reaching those goals. Reviewers rated one case in the improvement zone and five in the refinement zone. These ratings were poorer than those of cases with the goal of APPLA. In case #23, everyone involved did not have the same understanding of the case goal, which limited their progress towards achieving it. *“The team members are not unified in their knowledge and understanding of the new permanency goal.... The target youth is also unaware of the recent change in the permanency goal to reunification with his birth mother. He believes he is working towards returning to his grandmother....[The grandmother] believes that the permanency goal is still reunification with her, yet she will indicate multiple reasons why her grandson cannot return to her home at this time.”* Further, *“there is no evidence that the birth mother is even in agreement with the goal of reunification with her son.”* This lack of clarity about the case goal among participants was clearly detrimental to case progress.

Maintaining Family Connections

n 17% I	Whether or not a youth’s goal is reunification, it is important for the system to facilitate continued connections to family members. This indicator rated as one of the highest for system performance. Just over half (13) of the youth had been visiting with family members, including immediate and extended family, both formally and informally. In a number of cases, the youth themselves had taken the initiative to coordinate visits with their families of origin. As highlighted in case #15: <i>“The youth is in close touch with her older sister and visits independently with her younger siblings, for whom she hopes to serve as a role model.”</i> In case #9, <i>“The love and support of her maternal aunt, her younger brothers, and her oldest sister have all contributed to the success and support of this youth.”</i>
n 26% R	
n 57% M	

Social workers and foster parents have encouraged and facilitated these connections, as illustrated in case #6: *“While family contact is minimal, it is not detrimental to the youth, and he is the one who chooses this limited interaction. Additionally, the social worker does encourage family contact.”* Similarly, *“All team members support the youth’s connection with her daughter and assist in ensuring weekly supervised visits between the youth and her daughter occur”* (Case #3).

Reviewers also looked at paternal involvement. Only three cases had clear evidence that youth were maintaining relationships with their fathers. In 11 cases, whereabouts of the youth's father was unknown or the youth did not have any contact with him.

4. Summary of Focus Group Findings

CFSA and CSSP staff conducted focus groups and stakeholder interviews with Collaborative staff, CFSA management, CFSA and private agency social workers, service providers, adolescent clients involved in the Center of Keys for Life, young adults who had recently aged out of the system, and Family Court judges to ascertain their perceptions of strengths and challenges in working with the adolescent population.

All groups shared areas in which they believe the system is performing well. Judges noted that CFSA is beginning the planning process and connecting youth with the Collaboratives earlier and in approximately 75 percent of cases, is convening independent living conferences a year

All groups shared areas in which they believe the system is performing well.

before a youth reaches age 21. Collaborative staff reported more effective partnerships with CFSA staff: “We’ve worked out the time frame of the planning process for teens.” They also pointed out that Family Team Meetings are “becoming the norm.” Many focus group participants praised the

Rapid Housing Fund Program as being more available and easier to access for youth. One youth who had aged out of the system indicated that, “*The Rapid Housing Fund helped me go out on my own and pays for my housing at college.*” Many participants indicated the system has many services to offer teens (mentoring and tutoring) and community support programs, such as the Collaboratives.

Several youth reported they attended court hearings and expressed that their judges take an interest in their lives and cases. One youth also specified that she liked her Guardian *ad litem*. Several gave encouraging testimonials concerning their time in care. One youth who recently aged out of the system recounted, “*I ended up okay because I was lucky enough to have good foster parents, social workers, and teachers...[T]hey had my best interests in mind.*” Another youth indicated she had had the same social worker and judge for several years. Still another stated, “*I love my social worker.*”

While participants identified many arenas in which the system was performing well, all focus group participants identified a variety of concerns. Three primary themes emerged.

- Communication among team members is fragmented.
- The system struggles to provide appropriate and timely mental health services.
- Helping youth develop life skills is a challenge.

Communication Among Team Members

Both professionals and clients expressed frustration with the overall lack of communication among team members. They desire greater communication among private agencies, Collaboratives, caregivers, and CFSA. But as one provider commented: “*The team approach, in*

order to work, needs to be better coordinated; there need to be members willing to step in and lead the group.” Collaborative staff expressed that, “Planning groups and teaming are not well laid out. We should be bringing all important parties together to make sure youth are stable before aging out [of the system].”

Providers and clients felt “left out” of the planning process. One adolescent stated, *“We go over [the case plan], but we don’t do any of the plan; my judge does that.”* Other teens expressed that they never participated in developing any of their case plans and that they had not signed their case plans or an Individual Transitional Independent Living Plan (ITILP). One professional indicated that CFSA needs to *“Get the youth involved in case planning, treatment planning and enhancing their understanding of the system, and work closely with family members (biological parents, extended family members) to support the youth.”*

Providers and clients felt “left out” of the case planning process. Respondents indicated lack of coordinated communication about court processes as well.

Respondents indicated lack of coordinated communication about court processes as well. While several youth indicated that they had positive experiences with the court, one youth relayed that his interests were not represented in court. He stated, *“It’s what they want and not what you want.”* Several adolescents expressed, *“The social worker and Guardian ad litem only ask you what you want the day before court,”* and *“My social worker only comes around when she needs to go to court.”* Several judges expressed concern about lack of communication among team members before they go to court. One participant indicated, *“Judges get the sense that the only time many people talk is in the hallway before a hearing. There is no proactive planning.”* In addition: *“The child welfare court should not be the forum for information sharing. There is a lack of formality to the proceedings that is unlike other courts. This hurts family members because they are not given a chance to be part of the planning process. Decisions get made at the hearings instead of the team coming in with a plan.”*

Mental Health Services

In almost every interview, respondents repeatedly voiced concerns about mental health services. While they said many services were helpful to the adolescent population and their families, many people expressed concern that mental health services were not of appropriate quality and that the time frame for initiating services was lengthy. One person said, *“It is a slow process to get therapy put in place. Therapists change; youth get switched to different agencies. Mental health services are the worst area of services.”*

Respondents repeatedly voiced concerns about mental health services.

Further, engaging the adolescent population in therapeutic services was reportedly difficult. Barriers included busy school and work schedules, failure of therapy in the past, lack of trust in service providers, and unwillingness to participate in traditional “talk” therapy. Few alternative

therapies (art, dance, writing, groups) existed that might be more attractive to youth. One participant stated, *“CFSA needs to think more clinically in terms of intervening on behalf of children... Additionally, CFSA needs to think about other innovative approaches to address children’s needs, as traditional approaches do not always work.”*

Life Skills Development

Numerous participants expressed a belief that teens must reside in independent living programs to learn independent living skills. According to one stakeholder, however, *“Independent living skills just do not come from placements, but CFSA needs to build a continuum of services to ensure that all youth are getting the independent living skills.”* One youth who had aged out of the child welfare system stated, *“The independent living process needs to start earlier. I remember feeling terrified and stressed because of all the things I had to accomplish before aging out.”* A social worker said the system fails to hold youth accountable for life skills

“The system fails to hold youth accountable for life skills development.”

development. She stated, *“The kids need to take more responsibility. Since they aren’t held accountable, they are enabled to have a sense of entitlement.”*

CFSA’s Center of Keys for Life (CKL) program is designed to assist young people with life skills development. While many youth were taking advantage of this program, several participants had concerns about it. A Collaborative staff member indicated she was unaware of the exact services that CKL has for the teens. She said, *“I have never had a good experience with a youth trying to get something out of the Center of Keys for Life—things they are entitled to. It seems that older youth have no real use for them.”* One judge commented that some private agency social workers are *“not knowledgeable about the services available to teens through CFSA, such as the Center of Keys for Life program and graduation assistance.”*

Teen Issues

Youth have a unique perspective.

Teens are a special population in child welfare. They are vital members of their service teams and offer insight about their experiences in the child welfare system. Their concerns and feelings about services are important to the treatment process.

Our youth have a unique perspective, and we must pay attention to their thoughts and needs. Teens we interviewed in the CKL focus groups were participating in the college preparatory rather than the vocational track. They identified several trends.

Financial Concerns

The CFSA adolescent population identified financial issues as a frequent concern. Many teens felt their caregivers (foster parents/group home staff) were not using “my money” appropriately, especially when it came to allowance. They expressed a concern about disparities in amounts of money various group homes provide to youth. They are keenly aware of which group homes provide more money to residents, and they talk amongst themselves about how much money they get. They are also aware that foster parents offer differing amounts of “allowance.” For example, two teens reported that one received \$250 a month from her foster parent, and the other received \$200 every three months.

The teens also felt that allotted clothing vouchers were inadequate to provide for all their clothing and personal hygiene needs. They expressed discontent with the stores where they can use clothing vouchers/cards. They recommended cards from clothing stores that cater to teens and/or open options for clothes shopping.

Family Connections

Interviews revealed that many youth were visiting their birth families. While CFSA may not arrange or even sanction these visits, teens were establishing and maintaining their own familial contacts. One youth stated: *“I have a better relationship now with my mom than when I was younger.”* One youth reported daily communication with family, while other teens indicated their communication with relatives *“depended on getting passes [from the group homes] and family members getting clearances.”*

Teens were establishing and maintaining their own familial contacts.

Youth expressed several concerns about visits with their birth family members. Several indicated they had siblings in other states with whom they wanted to have contact. One youth stated he wished to visit with his grandmother, who is confined to a wheelchair, but there was difficulty getting her clearances, and he could not visit her. A professional participant agreed family connections are important. She stated: *“CFSA needs to enhance their efforts in connecting youth to community resources and keeping children connected to siblings.”*

5. In-depth Analyses

Sibling Visits

Several youth had siblings also in foster care but in separate placement settings. To maintain family connections between siblings, regular visits are important.

Of the 25 youth in our sample, we identified 10 as having siblings committed to the child welfare system. All 10 were having some type of sibling visits. FACES visit logs recorded visits occurring in six of the cases. These were either supervised or unsupervised, and some were court-ordered. In addition to visits recorded in FACES, several youth reported visiting their siblings informally without the assistance of their social worker. In one case, the foster parent was instrumental in facilitating these visits. In case #21, *“The foster parent bought a birthday cake for the youth and his sister, who share the same birthday, and took it to where the sister resides so the two could celebrate together.”* In another case (#12), the youth reported visiting her sister’s foster home frequently and maintaining a good relationship with her sister’s foster mother. It was reported the same youth *“initiates visits with her mother and sees her siblings there as well.”*

In one case (#19), the youth’s five younger siblings had supervised visits at CFSA, but the youth refused to participate. In two cases, youth were residing in kinship care with their siblings.

Permanence

Every youth is entitled to a safe, secure, appropriate, permanent home. Youth may achieve permanence through various pathways such as reunification, guardianship, or adoption. For some, the system has been unable to identify a permanent caregiver; therefore, the permanency goal is APPLA, in which the youth ideally resides in a setting all parties believe will endure until he/she reaches independence at age 21. Helping youth achieve permanence is a challenge for the child welfare system. Not only have many teenagers spent the majority of their lives in foster care but a high number are also entering care for the first time. CFSA is struggling with concurrent planning and increasing life-long supportive relationships for teens with the goal of APPLA—and for some teens with non-APPLA goals, CFSA has difficulty helping them achieve permanence.

Of the 25 youth in the sample, 19 had a goal of APPLA. Five had a goal of reunification, including one who had been reunited with her birth mother under Protective Supervision. Another youth had a goal of guardianship. At the time of the review, five youth had been in care for over 10 years, one for as long as 17 years. Fifteen youth had been in care between one and five years, and five had been in care for less than a year.

Among the 19 youth with the goal of APPLA, nine were residing in foster care placements, both traditional and specialized, and several had been in these placements for many years. One youth, age 20, entered the child welfare system at age 6 and had remained in her initial placement for 14 years. CFSA explored adoption for this youth, but due to unresolved concerns about the amount and availability of an adoption subsidy, the team's focus shifted to maintaining stability rather than achieving the more desirable permanent outcome of adoption. In case #15, the permanency of adoption had not been achieved *"despite the clear love and commitment to each other evidenced by the youth and her foster mother."* Case #13 illustrated another example of stability over permanence: *"The foster family has been extremely supportive of the target youth. She has resided in this home for the past three years, and the family has accepted and embraced the fact that the target youth is pregnant. The foster mother reports that the family will always support the target youth and will help her parent her unborn child. The target youth can remain in the home even after her case closes, and she will always be considered a part of her current family."* While this foster family reported this youth will *"always be considered a part of her current family,"* there was no indication that social workers discussed formal permanence, such as adoption, with the youth or foster family.

In one case (#5), the 17-year-old youth remains in the same home after eight years, although the foster family refuses to adopt her. Multiple team members believe that *"the youth's caregivers' vacillation and ultimate refusal to adopt after fostering her for eight years and the court's willingness to allow this protraction prevented this youth from finding permanency, possibly with a maternal relative. Additionally, it is believed by many of those interviewed that the caregivers' last-minute decision to withdraw their petition to adopt and their 'threats' to have the youth removed from their home are illustrative of their lack of emotional support of this youth. However, despite many of the team members' reservations about this youth's foster placement, all parties agree that the youth is attached to her foster parents and believe that it would be a significant disruption to change the youth's placement at this time, given the length of time she has been living with them and the likely changes that would accompany a change in placement."* In this case, stability and post-independence interpersonal connections with the foster parents were uncertain. This case is also an example of a missed opportunity to engage in concurrent planning and increase familial connections. Reviewers reported: *"Additionally, several of the professionals interviewed identified the court's 'wait and see' attitude toward the foster parents' ambivalence to adopt the youth as the primary barrier to this youth achieving permanency, despite having potential kinship placements available to her."* The youth was visiting family members and had at least one sibling she would like to visit regularly, yet the case review did not reveal whether social workers are assessing or maintaining these connections.

Of the 25 cases, five youth had a goal of reunification, and one had a goal of guardianship. In each of these non-APPLA cases, it was apparent that the system was struggling to achieve these goals. In fact, among these six youth, reviewers rated no cases in the maintenance zone for permanency prospects.

In case #23, after the youth had been in care for a year, the court changed the youth's permanency goal from reunification with his grandmother to reunification with his birth mother. Team members were not unified in their knowledge and understanding of the new permanency goal. In addition, there was no evidence that the birth mother was in agreement with

reunification with her son. In the guardianship case (# 25) of a 15-year-old youth who had been in care for approximately 14 months, reviewers found delays in licensing the youth's aunt and uncle. CFSA policy allows quick temporary licensing of kinship care providers who reside in the District, yet the root of delays in licensing this family were unclear.

Even in the case in which the youth had been reunified with her birth mother (Case #7) under Protective Supervision, the permanency prospects indicator rated in the improvement zone. This youth had previously been in care for four months in 2004, and was reunified with her mother. Fourteen months before the review, the youth re-entered care. This youth spent time in psychiatric hospitals and a residential facility for mental health treatment. Upon discharge from residential treatment, she returned to her mother's care, although the service team had *"significant concerns and unanswered questions about this family."* The birth mother did not participate in court-ordered services and did not allow service providers into her home. No one could report if the youth's mother was free of substances. *"While everyone interviewed expressed concerns about the youth's mother, no diligent efforts were made to engage with and further assess the youth's mother's functioning in order to determine whether and how her functioning impacts the youth."* This youth's history of previous placements, as well as the poor planning for her discharge from a residential treatment facility to her mother's care, may put her at risk for a third removal.

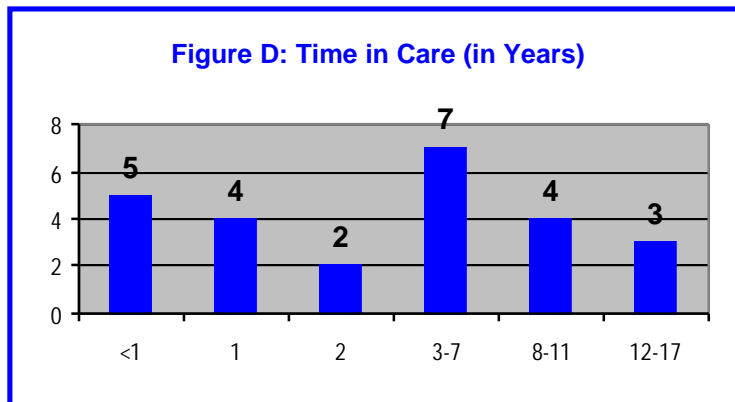
Reviewers found no movement toward reunification in three cases.

- In case #2, the 16-year-old youth had entered care for the second time. *"While the birth mother visits with her son and attends court hearings, she does not interact with the social worker and supervisor. She has not been actively involved in a reunification plan. Her drug involvement is certainly possible and how this will impact on the reunification plan is a serious question. What other supports are available to this mother are also not known. After five months of care, the permanency plan has not moved forward."*
- In case #11, the social worker had not referred the youth and her mother for services after almost five months since her entry into care. *"There has been little engagement with the family members in regard to concurrent planning for the youth. As of this writing, there has been no full assessment of the family and/or the youth's needs. Lastly, there is little agency intervention and/or coordination and/or planning in regard to this family and/or child."* There was no report of searching for alternative kinship providers.
- The team serving the youth in case #18, who had been in care for approximately seven months, believed that the goal of reunification would soon change to APPLA. *"The permanency goal is reunification with the mother, but most of the parties agree that the goal will be changed to APPLA due to the target youth's refusal to have any contact with her mother. The youth's mother recently expressed a desire for the youth's return home, yet she appears to not have much hope for this occurring given the current situation."* Providers have had minimal discussion with the youth and her mother regarding alternative kinship providers, yet both quickly dismissed relatives as resources. While the goal may change to APPLA, it could be beneficial to attempt concurrent planning of APPLA and guardianship with possible kinship providers.

These cases identify a real need to reassess how the child welfare system serves adolescents, especially those entering care for the first time. Permanence can be achieved in multiple ways. While reviewers found many success stories, several cases we reviewed illustrated that the system is not effective in achieving permanence for teens.

Time in Care

We compared child status indicators for youth in care two years or less with those for youth in care three or more years. Of the 25 cases we reviewed, 11 youth had been in care two years or less (including one who had reunified with her birth mother under Protective Supervision), and 14 had been in care three years or more. Two youth in care for less than two years had been



removed from Protective Supervision with their birth parent and had re-entered care. Six youth in care two years or less had a goal of guardianship or reunification, while the goal for all those in care three years or longer was APPLA. Time youth had spent in care ranged from three months to 17 years. Figure D shows the breakdown of the length of time youth in this QSR sample had been in out-of-home placement.

Youth Status

Youth in care 0-2 years had lower ratings for safety, stability, and academic/learning status. One example illustrating how these three indicators influence each other was case #11. Since her entry into care three months before the review (and after two years of in-home monitoring), this 16-year-old female had two placements. She absconded from a group home and was then placed in an emergency group home. After a month, she was still in the emergency placement but was scheduled to move into a non-emergency placement. The youth was sexually active with older men, had tested positive for marijuana, and had physically attacked her birth mother before entering care. Her current academic status was in the improvement zone because she was not enrolled in school. According to the case story, *“The IEP revealed that she needs to be placed in special education for at least 20 hours per week. The social worker has not found a school to accommodate her education needs. The target youth recognizes her own struggles with school and now wants to attend school.”* The team had not implemented a plan to address the youth’s unsafe behaviors, and they had not found her appropriate living or academic placements.

Despite not having achieved safe case closure in a timely manner, youth in care 3+ years rated higher for safety, stability, and academic status. The system is assisting them in meeting their needs. For example, the youth in Case #15 rated highly for all three of these indicators. She had

resided in the same foster home with no safety concerns since entering foster care. She was enrolled in college, received excellent grades, and was working toward becoming a registered nurse. According to the case story, she was *“extremely goal oriented and highly responsible at home and in the community.”* In addition, she had a positive employment history and was actively building her savings account.

For all adolescents involved in agency care, life skills development is a key component in preparing for independence regardless of permanency goal. Of youth in care 0-2 years, 60 percent rated in the improvement zone. Efforts to help youth develop life skills should begin as soon as they enter care. All caregivers (foster parents, group homes, ILPs, and residential treatment centers) need to provide daily opportunities for youth to acquire skills for self-sufficiency. Providers cannot assume that teens know how to accomplish even routine tasks such as laundry and meal preparation.

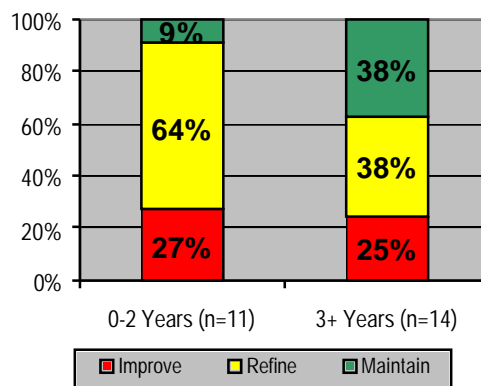
For most youth in the sample, permanence was problematic. We discussed this issue in the above permanence section, but one element of this issue is relevant to the five youth in care 0-2 years who already had a goal of APPLA. According to the Adoption and Safe Families Act (ASFA), agencies are to make reasonable efforts to reunify youth in a timely manner. In one case, the court revoked the youth’s Protective Supervision with his mother and immediately changed his goal to APPLA (Case #15). That youth had also been involved in drugs and truancy and was on probation for a criminal offense. In addition, the permanency goal of one 15-year old youth (Case #1) changed to APPLA within five months of entry into care due to her aunt’s refusal of reunification. By changing the goal so quickly without evident concurrent planning, the system increased the probability that this youth would spend the next six years in care.

System Status

In comparing system status indicators for youth in care 0-2 years with those in care 3+ years, every indicator was higher for those in care longer except maintaining family connections. Figure E shows the overall system status for these two categories. Most individual indicators showed similarly disparate ratings. Notably, no cases rated in the maintenance zone for youth in care 0-2 years on case planning and path to safe case closure indicators.

The system was struggling to move quickly toward safe case closure in cases open two years or less. Regarding Case #2, reviewers stated: *“Five months into placement, the system has not moved any closer to the goal of reunification, established an educational plan, nor safeguarded the youth from violence.”* In case #12, which had been open for a year and a half, reviewers believed, *“The greatest missed opportunity in working with this youth is the lack of teamwork. Although there are ten professionals involved, there is not an established team, which would have improved a*

**Figure E: Overall System Status--
Time in Care**



shared 'big picture' view of the family."

Children should not have to wait in foster care for three years for systems to begin functioning on their behalf. The social worker must engage the team in planning for permanence immediately. The youth in case #18 had been in care six months at the time of the QSR, and the reviewers stated, *"There is also no clear 'team leader.' The consensus is that team members wished the social worker would fill that role."* In case #23, the youth had been in care two years, yet: *"The team members are not unified in their knowledge and understanding of the new permanency goal. This creates a lack of continuity in working with the target youth towards successful achievement of his permanency."* In addition, *"There has not been a case plan developed outlining the necessary steps for reunification."*

Conversely, in case #8, which had been open for 10 years, *"Treatment plans are created every six months and are reviewed and adjusted on a monthly basis depending on the youth's progress. No changes are made without including the social worker and GAL in the decision making process, and monthly treatment plans are submitted to the social worker and GAL."* Teams that have achieved a high level of functioning must continue to focus on permanence.

System ratings differed greatly for youth in care 0-2 years compared to those in care 3+ years. After three years, the system had missed ASFA deadlines, and goals for all youth in the sample had become APPLA. To facilitate timely permanence, the system must begin working immediately.

6. Conclusions and Recommendations

Adolescents are a priority for CFSA, especially as they become a larger percentage of the out-of-home care population.⁶ The Fall 2006 QSR focused on this population to examine and better understand current case practice and system performance relative to teens in foster care. We found many positive results regarding youth and caregiver status indicators, but the system seems to struggle with working quickly as a team to plan for permanence.

Recommendations below address key findings of the QSR.

Case Planning

Conclusions: This was the lowest-rated system indicator. While team members were communicating in many cases, they were not coming together to create robust case plans, and not everyone was working toward the same goal. Teams were not fully involving youth in this process and were not asking about the youth's own goals. Often, youth rejected traditional services, such as talk therapy, and the team did not plan alternative solutions to meet youth needs.

Recommendations: All parties, including the youth and family, must work together to create a realistic, time-sensitive case plan that addresses permanence as well as the youth's own goals. Numerous tools exist to facilitate team case planning, such as the Youth Transition Plan, Individual Transition Independent Living Plan, and Administrative Reviews. All requirements for a written plan give the team an opportunity to collaborate. Teams can encourage youth to invite people important to them to provide support and input. For a case plan to be carried out successfully, youth investment in goals and services is vital.

Permanence

Conclusions: The goal for most teens was APPLA, which suggests the system has been unable to reunify the youth with his/her biological family or to identify an adoptive or guardianship resource. Despite not yet achieving permanence, many youth had been stable in their placements for a long time, two of them for 14 years. For the six youth in the sample whose goals were not APPLA, five were not rated as likely to achieve permanence soon, and the sixth was at home under Protective Supervision despite very little communication with the mother. For youth in our sample, the system was doing a poor job of achieving permanence but a fair to good job of achieving stability.

Recommendations: Teams must focus on permanence from the moment a case opens and thoroughly explore all resources. Even after many years, teams should reassess a youth's support system to identify alternative permanent placement resources. CFSA should educate foster

⁶ FACES Management Report PLC156MS

parents and kin about adoption and guardianship issues to dispel myths about financial information and loss of services. Caregivers and youth must understand the importance of permanence. CFSA and other case-management providers must set priorities and develop a practice strategy for addressing the conflict between stability and permanence. CFSA is preparing to pilot a new structure that will embed a permanency specialist in each out-of-home unit. This change is expected to increase focus on and expedite permanency planning.

Time In Care

Conclusions: Many youth and almost all system status indicators rated lower for cases open 0-2 years compared to those open 3+ years. Specifically, safety, stability, academic status, and life skills were all low in the more recent cases. The system seemed to take a long time to begin functioning well, impeding timely permanence. Team members in newer cases did not work together toward the same goals.

Recommendations: The system must begin working efficiently from the outset of each case, “frontloading” engagement, teaming, and case planning to improve youth safety and wellbeing quickly. Teams must launch efforts to achieve permanence from the very beginning of each case. This includes concurrent planning, so that if one option ceases to be viable, teams do not have to start over in finding permanent homes for youth.

Family Connections

Conclusions: Sibling visits occurred more frequently than documentation indicated. Youth often established their own relationships with siblings and other family members. Youth need a support system when they exit care, and they frequently turn to their family. In some instances, youth opted not to spend much time with family members. Fathers were not involved in many cases.

Recommendations: The system must be proactive in connecting youth to siblings, parents, and other family members. Engaging youth and talking with them about their family relationships would help team members explore family supports. Team members should also be aware of any siblings a youth has in care and ensure sibling visits, formally or informally. The system should also guide youth in building healthy relationships with family members of their choice. When possible and appropriate, we should support youth in maintaining familial connections.

Life Skills

Conclusions: Development of life skills was the lowest rated youth status indicator. While the oldest youth were connected to a Collaborative and progressing towards independence, many youth in the sample did not have life skills at appropriate levels for their age and ability. This

indicator was especially low for youth who had entered care within the past two years, implying the system does not begin to address youth competencies immediately.

Recommendations: In August 2005, the CFSA white paper recommended a series of developmental benchmarks for youth by age. CFSA needs to revamp programs for and case practices with youth to implement these recommendations immediately. At the barest minimum, youth need to learn how to complete basic household chores, cook, pay bills, use public transportation, and obtain employment. Team members must consistently monitor youth progress on these skills and engage caregivers in helping youth achieve them.

Caregivers

Conclusions: Caregivers were supporting youth and participating in decision-making. Youth living in family settings had higher overall status ratings than those in congregate care, but system status indicators rated higher for congregate care. Caregivers in this sample were working well with teens, contrary to the widespread perception that teens are difficult to place and to “manage.”

Recommendations: Gather information from caregivers providing stable homes for teens. Identify factors supporting longevity of teen placements as well as reasons why these situations are not becoming permanent through guardianship or adoption. Increase family caregiver involvement in teaming and case planning and with congregate caregivers to emphasize youth well-being. n

Appendix A: Review Teams

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